Under the Paperwork PATE	NT APPLICATI	ON FEE DE	TERMINATI PTO-876	ON RECOR	of Information  D	unless it dis	nrough 7/81/200 DEPARTMEN DEPAR Yelld OA Oatlon of Dooke	OF COMME	
CLAIMS AS FILED - PART   (Column 1) (Column 2) SMALL ENERTY							1 1/8/8/73		
FOR BASIC FEE	FEE NOMBER FILE				SMALL ENTITY		SMA	OTHER THAN SMALL ENTITY	
(87 CFR 1.16(a)) TOTAL CLAMS				RATE	FEE		RATE	FEE	
(37 CFR 1.18(o)) INDEPENDENT CLAIMS (37 OFR 1.18(b))	minu	20 = +		x:		- OR	-		
		3 = -				OR	X		
MULTIPLE DEPENDENT	1 +		OR	× 4=					
* if the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		OR	++===	-	
Fla Isa	MS AS AMENDE	D - PART II			<u> </u>	OR	TOTAL		
107 P	Column 1)	(Column 2)	(Column 3)	CMALL			OT 100		
. `   -	EMAINING AFTER	HIGHEST NUMBER PREVIOUSLY	PRESENT	RATE	ENTITY	OR	SMALL	R THAN ENTITY	
Total (a7 off 1.1(a)) (b7 off 1.1(a)) (c7 off 1.1(a))	MENDMENT Minus	PAID FOR		10112	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Independent (37 OFR 1.15(b))	2 Minus	- ZI		X \$=		OR	×:50=	FEE	
FIRST PRESENTATION	OF MULTIPLE DEPEND	DENT CLAIM 197.0	FR 1:16(d))	× \$		OR	× \$200=	<b>\</b>	
		(010	7.17 (1:10(d))	TOTAL		OR	+:360	1	
(0	olumn 1)	(Column 2)	(Column a)	ADD'L FEE		OR	TOTAL ADD'L FEE		
E RE	CLAIMS MAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI-	j 1			
	Minus	PAID FOR	=		TIONAL FEE		RATE	ADDI- TIONAL	
Independent (37 CPR (.16(b))	Minus	***	=	X \$=		OR	X \$=	FEE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				·X \$=		OR	X \$=	-	
	:			TOTAL		OR	+ \$ =		
(Co	umn 1) AlMS	(Column 2)	(Column 3)	ADD'L FEE	·	OR	TOTAL ADD'L FEE		
REN	IAINING FTER VDMENT	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI-	Г			
(37 OFR 1.16(o))	Minus	PAID FOR	<u> </u>		TIONAL FEE		RATE	ADDI- TIONAL	
Independent (37 CFR (.16(b))	Minus	•••	-	X \$=		OR X	\$=	FEE	
FIRST PRESENTATION O	F MULTIPLE DEPENDEN	IT CLAIM (37 CFR	1.18(d))	X \$=		OR X	<b>8</b> =		
* If the enter to a				TOTAL		-	=		
If the "Highest Number of the Number of t	is less than the entry ( Previously Pald For II	n column 2, write	"0" in ∞olumn 3,	ADD'L FEE		OR A	OTAL DD'L FEE		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the usual gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS